AW (07-03)

DECLARATION/ POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

Declaration
Submitted
With Initial
Filing

Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

OCT 0 6 2003

Attorney Docket Number:	WIL-115US
First Named Inventor:	William T. Wilkinson et al.
COM	PLETE IF KNOWN
Application Number:	10/611,763
Filing Date:	July 1, 2003
Art Unit:	Unknown
Examiner Name:	Unknown

I hereby declare that:					
Each inventor's residence, mailing a	ddress, and citizenship are a	s stated below next to th	eir name.		
I believe the inventor(s) named belo sought on the invention entitled:	w to be the original and first ir	nventor(s) of the subject	matter which is claimed	and for which	a patent is
EXERCISE DEVICE FOR EXER	RCISING UPPER BODY SIMI	ULTANEOUSLY WITH (OWER BODY EXERC	ISE	
	(Title	e of the Invention)			
the specification of which	,				
is attached hereto					
OR					
was filed on (MM/DD/YYY	Y) <u>07/01/03</u> as United States	Application or PCT Inter	national Application Nur	nber <u>10/611,7</u>	63
and was amended on (MM/DD/YYY identified specification, including the				he contents of	f the above
I acknowledge the duty to disclose in applications, material information what filing date of the continuation-in-part	nich became available betwee				
I hereby claim foreign priority benefit breeder's rights certificate(s), or 365 of America, listed below and have al rights certificate(s), or any PCT inter	(a) of any PCT international a so identified below, by checki	ipplication which designating the box, any foreign a	ated at least one country application for patent, in	other than the ventor's or pla	e United States nt breeder's
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Co	opy Attached? No

Declaration/Power Of Attorney for Utility or Design Patent Application (continued)

· · ·					
I hereby appoint: ☐ Practitioners at Customer Number 31344 or affix Customer Number Bar Code Label here OR ☐ Practitioner(s) named below: ☐ Practitioner(s) named below: ☐ Practitioner(s) named below:					
Tractitioner(s) named below.					
Name				Regis	tration Number
as my/our attorney(s) or agent(s) to p Patent and Trademark Office connected		lentified above	, and to tra	nsact al	l business in the United States
Direct all correspondence to:	D414		OP		
Direct all correspondence to:	Practitioners Customer N		bove; U K		
	Correspondence Address	Below			
Name: Rex A. Donnelly, RatnerP	Prestia				
Address: P.O. Box 1596					
City: Wilmington	Wilmington State: Delaware Zip: 19899				
Country: USA	Country: USA Telephone: (302) 778-2500 Fax: (302) 778-2600				2) 778-2600
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
Name of Sole or First Inven	tor:	☐ A Petition	has been f	iled for	this unsigned inventor.
Given Name (first and mid	idle (if any))		Fam	ily Nam	e or Surname
William T.				Wilk	tinson
Inventor's Signature (a) Ilana. T William Date:			7-31-13 Date:		
Residence: City: Salem	State: New Jersey	sey Country: USA Citizenship: USA			Citizenship: USA
Mailing Address: P. O. Box 73					
City: Salem	State: NJ	te: NJ Zip: 08079 Country: USA			ntry: USA
Additional inventors are listed on the next page.					

Declaration/Power Of Attorney for Utility or Design Patent Application (continued)

Name of Second Invent r:		A Petition has been filed for this unsigned inventor.		
Given Name (first and middle (if any))		Family Name or Surname		
Paul Michael			Theisen	
Inventor's Signature			Date:	
Residence: City: Waconia	State: Minnesota	Country: USA	Citizenship: USA	
Mailing Address:				
Mailing Address: 612 West 2 nd Street				
City: Waconia	State: MN	Zip: 55387	Country: USA	
Name of Third Inventor:		A Petition has been file	d for this unsigned inventor.	
Given Name (first and middle (if any))	Family	Name or Surname	
Micah Tobias			Somers	
Inventor's Signature			Date:	
Residence: City: Minneapolis	State: Minnesota	Country: USA Citizenship: USA		
Mailing Address:				
Mailing Address: 3116 17 th Avenue Sout	:h #1			
City: Minneapolis	State: MN	Zip: 55406 Country: USA		
Name of Fourth Inventor:		A Petition has been filed for this unsigned inventor.		
Given Name (first and middle (if any))	Family Name or Surname		
Inventor's Signature			Date:	
Residence: City:	State:	Country: Citizenship:		
Mailing Address:				
Mailing Address:				
City:	State: Zip: Country:			
Additional inventors are listed on Supplemental Sheet(s).				

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	(Title	e of the Invention)			
the specification of which	(True	e or the invention)			
is attached hereto					
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and was amended on (MM/DD/YYY identified specification, including the	Y) (if applicable). I her	reby state that I have rev	riewed and understand t	he contents of	f the above
· ·					
I acknowledge the duty to disclose in	nformation which is material to	patentability as defined	in 37 CFR 1.56, includi	ng for continua	ation-in-part
applications, material information whiling date of the continuation-in-part	nich became available betwee application.	en the filling date of the pr	nor application and the n	ational or PC	i international
I hereby claim foreign priority benefit breeder's rights certificate(s), or 365	ts under 35 U.S.C. 119(a)-(d)	or (f), or 365(b) of any fo	oreign application(s) for parted at least one country	oatent, invento	or's or plant • United States
of America, listed below and have a	lso identified below, by checki	ing the box, any foreign a	application for patent, inv	entor's or pla	nt breeder's
rights certificate(s), or any PCT inter	national application having a	filing date before that of	the application on which	priority is clair	med.
Prior Foreign Application	Country	Foreign Filing Date	Priority Not	Certified Co	opy Attached?
Number(s)		(MM/DD/YYYY)	Claimed	Yes	No

Declaration/Power Of Attorney for Utility or Design Patent Application (c ntinu d)

I hereby appoint: ☑ Practitioners at Customer Number 31344 or affix Customer Number Bar Code Label here OR ☐ Practitioner(s) named below: ☐ Practitioner(s) named below:						
Name					Regist	ration Number
as my/our attorney(s) Patent and Trademark	or agent(s) to Office connect	prosecute the application id ed therewith.	entified above	, and to	transact all	business in the United States
Direct all corresponde	nce to:	Practitioners Customer N	umber listed a	bove: O	 R	
		_		.5010, 0.	•	
		Correspondence Address	Below			
Name: Rex A. D	onnelly, Ratner	Prestia				
Address: P.O. Box	1596					
City: Wilmington	on	State: Delaware		Z	Zip: 198	99
Country: USA	Country: USA Telephone: (302) 778-2500 Fax: (302) 778-2600				2) 778-2600	
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Name of Sole or	r First Inve	ntor:	☐ A Petition	n has bee	en filed for t	this unsigned inventor.
Given Na	me (first and m	iddle (if any))		F	amily Name	e or Surname
	William T.				Wilk	inson
Inventor's Signature						Date:
Residence: City: Sa	lem .	State: New Jersey	Country: US	SA.		Citizenship: USA
Mailing Address: P. O. Box 73						
City: Salem State: NJ Zip: 08079 Country: USA				try: USA		
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Given Name (first and middle (if any))		Family Name or Surname		
Paul Michael		Theisen		
Inventor's Signature	n-Thazer	Date: 8-5-03		
Residence: City: Waconia	State: Minnesota	Country: USA	Citizenship: USA	
Mailing Address:				
Mailing Address: 612 West 2 nd Street				
City: Waconia	State: MN	Zip: 55387	Country: USA	
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Micah Tobias			Somers	
Inventor's Signature			Date: 8-5-03	
Residence: City: Minneapolis	State: Minnesota	Country: USA	Citizenship: USA	
Mailing Address:				
Mailing Address: 3116 17 th Avenue Sout	th #1			
City: Minneapolis	State: MN	Zip: 55407	Country: USA	
Name of Fourth Inventor:		A Petition has been filed for this unsigned inventor.		
Given Name (first and middle (if any))	Family Name or Surname		
Inventor's Signature			Date:	
Residence: City:	State:	Country:	Citizenship:	
Mailing Address:				
Mailing Address:				
City:	State:	Zip: Country:		
Additional inventors are listed on Supplemental Sheet(s).				